



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: November 5, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of surgical decompression of ulnar nerve, right elbow cubital tunnel release

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER
HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on XX/XX/XX when he fell off a loading ramp at a dock and hit a steel metal ramp on his right side fracturing some ribs and also hit his right elbow. He then fell down onto the ground injuring his left knee. The claimant was diagnosed with right elbow contusion, right ulnar neuropathy, left knee contusion and left knee sprain/strain. The claimant prior treatment history includes 8 sessions of physical therapy and medications including Aleve, Flexeril and Tylenol No. 3.

The claimant had MRI of the right elbow on 06/23/2015 that showed tendinopathy and partial thickness intrasubstance tear/strain in the proximal common extensor tendon attachment fibers. EMG/NCS of upper extremities performed on 06/30/2015 revealed ulnar nerve compressive neuropathy at the elbow.

A progress note dated 08/04/2015 indicates the claimant has pain and tenderness over the medial side of the elbow in the cubital fossa area in the cubital tunnel region. On examination, there was markedly positive Tinel's at the elbow with decreased sensation in the ulnar two digits with pain along the ulnar side of the forearm. Impression was ulnar nerve compressive neuropathy, cubital tunnel syndrome, left elbow with failed conservative care. recommended surgical decompression of ulnar nerve, left elbow, cubital tunnel release.



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Prior UR dated 08/10/2015 denied the request for coverage of surgical decompression of ulnar nerve, left elbow, cubital tunnel release because according to the Official Disability Guidelines (ODG), the criteria for cubital tunnel surgery is documentation noting previous conservative care to include exercise, activity modification medications, and pad/splint for 3 months. The clinical documentation submitted for review indicated the claimant have participated in approximately 6 sessions of physical therapy and had symptoms indicative of ulnar nerve impingement. However, there was no documentation noting activity modification, medications, nor pad/splint. Consequently, the request is not supported.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This claimant is a male who sustained injury XX/XX/XX when he fell off a ramp at a dock and injured his right elbow. He had MRI of the right elbow that showed partial tear of common extensor tendon and EMG/nerve conduction study showed ulnar compressive neuropathy. The physical findings including tenderness over medial right elbow, positive Tinel's sign at the right elbow with decreased sensation in the ulnar 2 digits.

According to ODG, the criteria for cubital tunnel surgery requires trial and failure of conservative care including exercise, activity modification medications, and pad/splint for 3 months. In this case, the records indicate that the claimant has been treated with medications including Aleve, Flexeril and Tylenol No.3 as well as 8 sessions of physical therapy. However, ODG recommends 14 visits over 6 weeks of physical therapy for the diagnosed condition and there is no documentation that the claimant has used an elbow pad and/or night splint for at least 3 months.

Therefore, based on the ODG, clinical documentation stated above, and due to lack of adequate trial of conservative care, the requested procedure is not medically necessary and indicated. The request is non-certified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN



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- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Surgery for cubital tunnel syndrome (ulnar nerve entrapment) Elbow (Acute & Chronic)

ODG Indications for Surgery -- Surgery for cubital tunnel syndrome: Initial conservative treatment, requiring ALL of the following:

- Exercise: Strengthening the elbow flexors/extensors isometrically and isotonicly within 0-45 degrees
- Activity modification: Recommend decreasing activities of repetition that may exacerbate the patient's symptoms. Protect the ulnar nerve from prolonged elbow flexion during sleep, and protect the nerve during the day by avoiding direct pressure or trauma.
- Medications: Nonsteroidal anti-inflammatory drugs (NSAIDs) in an attempt to decrease inflammation around the nerve.
- Pad/splint: Use an elbow pad and/or night splinting for a 3-month trial period. Consider daytime immobilization for 3 weeks if symptoms do not improve with splinting. If the symptoms do improve, continue conservative treatment for at least 6 weeks beyond the resolution of symptoms to prevent recurrence.

ODG Physical Therapy Guidelines –

General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of longterm resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.



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Inar nerve entrapment/Cubital tunnel syndrome:
Medical treatment: 14 visits over 6 weeks
Post-surgical treatment: 20 visits over 10 weeks

[ms]

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.